

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2024
NAME OF PROVIDER OR SUPPLIER  Heartland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  604 East Fenton Marcus, IA 51035	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26527</p> <p>Based on record review and staff interview, the facility failed to assure a discharged resident had a discharge summary that included a recapitulation of the resident's stay for 1 resident reviewed (Resident #30). The facility reported a census of 29 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #30 scored 15 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The resident had diagnoses including enterocolitis due to clostridium difficile (c-diff).</p> <p>The Baseline Care Plan Summary dated 12/12/23 documented the resident admitted to the facility related to his c-diff. He was unable to care for himself at home and having as many as 10-12 episodes of diarrhea. He got very weak and unable to clean himself up. He started on a new medication for c-diff. He was very pleasant and said he wanted to get home so he didn't lose his ability to walk and be independent. He had good family support. Physical Therapy would work with the resident to strengthen him.</p> <p>On 1/3/24 at 3:37 p.m. the Progress Notes documented receipt of a signed fax by the physician related to the resident going home on 1/4/24.</p> <p>On 1/4/24 at 10:18 a.m. the Progress Notes documented the resident packed all personal belongings and received discharge paperwork. Home health aware, and the pharmacy had bubble packs ready for the resident to pick up. The resident left the facility at 10:50 a.m. with family.</p> <p>The resident's clinical record lacked a discharge summary including a recapitulation (recap) of the resident's stay.</p> <p>On 4/4/24 at 10:52 a.m. the Director of Nursing (DON) stated they did not do a recap on the resident, and they should have.</p> <p>The undated facility Discharge Summary/Recapitulation Policy documented a discharge summary would be completed for every resident at the time the resident discharged home. A recapitulation of the resident's stay would include diagnoses, treatments, therapies provided as well as a final summary of the resident's status.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26527</p> <p>Based on record review and staff interview, the facility failed to assure restorative was completed as planned for 1 resident reviewed (Resident #22). The facility reported a census of 29 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #22 had long and short term memory problems and severely impaired skills for daily decision making. The resident depended on staff for activities of daily living. Diagnoses included Alzheimer's disease, and a seizure disorder.</p> <p>The Care Plan revised 3/15/24 identified the resident had limited physical mobility related to Alzheimer's, anxiety disorder, weakness, immobility, and dependence on staff. The interventions included nursing rehab/restorative: Passive range of motion (ROM) bilateral lower extremities (BLE): ankle flexion (flex)/extension, knee flex/extension, hip flex/extension and hip adduction/abduction x 10 repetitions (reps) 1 time/day 5-7 days/week as the resident tolerated.</p> <p>Nursing rehab/restorative: Passive ROM bilateral upper extremities (BUE): Finger (both hands) flex/extension, wrist (both) flex/extension, elbow (both) flex/extension, shoulder flex/extension &amp; shoulder adduction/abduction x 10 reps 1 time/day 5-7 days/week as the resident tolerated.</p> <p>The POC Response History for Passive ROM bilateral upper extremities (BUE): Finger (both hands) flex/extension, wrist (both) flex/extension, elbow (both) flex/extension, shoulder flex/extension &amp; shoulder adduction/abduction x 10 reps 1 time/day 5-7 days/week as the resident tolerated. The resident did not have upper extremity restorative 5-7 days per week the following weeks:</p> <ul style="list-style-type: none"> <li>a. 12/10-16/23, 0 times,</li> <li>b. 12/17-23/23, 4 times,</li> <li>c. 12/24-30/23, 4 times,</li> <li>d. 1/7-13/24, 4 times,</li> <li>e. 1/14-20/24, 4 times,</li> <li>f. 1/21-27/24, 3 times,</li> <li>g. 1/28-2/3/24, 3 times,</li> <li>h. 2/4-10/24, 2 times,</li> <li>i. 2/11-17/24, 1 time,</li> <li>j. 2/18-24/24, 3 times,</li> </ul> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>k. 2/25-3/2/24, 4 times,</p> <p>l. 3/3-9/24, 4 times,</p> <p>m. 3/10-16/24, 3 times,</p> <p>n. 3/17-23/24, 4 times,</p> <p>o. 3/24-30/24, 3 times.</p> <p>Days not marked as done were checked not applicable.</p> <p>The POC Response History for Passive range of motion (ROM) bilateral lower extremities (BLE): ankle flexion (flex)/extension, knee flex/extension, hip flex/extension and hip adduction/abduction x 10 repetitions (reps) 1 time/day 5-7 days/week as the resident tolerated. The resident did not have lower extremity restorative 5-7 days per week the following weeks:</p> <p>a. 12/10-16/23, 1 times,</p> <p>b. 12/17-23/23, 4 times,</p> <p>c. 12/24-30/23, 4 times,</p> <p>d. 1/7-13/24, 4 times,</p> <p>e. 1/14-20/24, 4 times,</p> <p>f. 1/21-27/24, 2 times,</p> <p>g. 1/28-2/3/24, 1 times,</p> <p>h. 2/4-10/24, 2 times,</p> <p>i. 2/11-17/24, 5 times,</p> <p>j. 2/18-24/24, 2 times,</p> <p>k. 2/25-3/2/24, 2 times,</p> <p>l. 3/3-9/24, 1 time,</p> <p>m. 3/10-16/24, 3 times,</p> <p>n. 3/17-23/24, 0 times,</p> <p>o. 3/24-30/24, 0 times.</p> <p>Days not marked as done were checked not applicable.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/3/24 at 10:40 a.m. the Director of Nursing (DON) stated not applicable could mean refused. But there was no documentation why the resident didn't receive the exercises as often as indicated. She said they would not have had the staff to do them on the weekends.</p> <p>On 4/3/24 at 12:38 p.m. the MDS Coordinator stated she oversaw the restorative program, but she had not done any recent follow ups.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26527</p> <p>Based on observation, record review and staff interview, the facility failed to provide a resident with a urinary catheter, care and services to prevent infection for 1 of 3 residents reviewed (Resident #8). The facility reported a census of 29 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #8 scored 6 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident required substantial/maximal assistance with lying to sitting, sit to stand, chair/bed to chair transfer, toilet transfer, and toileting hygiene. The resident had an indwelling urinary catheter. The resident's diagnoses included Parkinson's disease and neurogenic bladder.</p> <p>The Care Plan initiated 4/4/24 documented the resident had an indwelling catheter related to neurogenic bladder and urinary retention. The interventions included observing/recording/reporting the signs and symptoms of urinary tract infection (UTI): pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. Staff to provide catheter cares. The resident was on antibiotic therapy related to a UTI.</p> <p>The Medication Administration Record (MAR) for April 2024 included the order for Cefdinir (antibiotic) 300 mg 2 times a day until 4/3/24.</p> <p>On 4/2/24 at 11 a.m. the resident sat in the recliner. The catheter bag hung from the garbage can, over the liner, with trash in the bag.</p> <p>On 4/2/24 at 11:45 a.m. Staff B Certified Nursing Assistant (CNA) and Staff C CNA provided pericare for the resident. Staff washed hands and gloved, sprayed washcloths folded to 1/4 with no rinse cleanser, and pulled the resident's pad back. Staff B wiped down the resident's right groin, turned the cloth, wiped down left groin, turned the cloth, wiped down the front of the genital area and tubing in 1 stroke. The 2 turned the resident to his left and Staff B wiped over the anal area and buttocks, turning the cloth with each wipe. Staff B and Staff C placed an incontinent pad before removing their gloves, then pulled up the residents pants, assisted the resident to sit, then stand and sit in his chair. Staff made the resident comfortable before washing their hands.</p> <p>On 4/2/24 at 2:03 p.m. the resident sat in the recliner, and the catheter bag laid on the floor.</p> <p>On 4/3/24 at 10:43 a.m. the resident sat in the recliner, and the catheter bag hung from the trash can.</p> <p>On 4/3/24 at 10:45 a.m. the Director of Nursing (DON) stated she would expect the catheter bag would not be hung on the trash can.</p> <p>The facility Competency Assessment Catheter Care, Urinary included:</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>For male residents use a washcloth with warm water and soap to cleanse around the genital area, changing the position of the washcloth with each cleansing stroke. With a clean washcloth, rinse with warm water using the same technique. Using a clean washcloth with warm water and soap, cleanse and rinse the catheter from the insertion site to approximately 4 inches outward.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>26527</p> <p>Based on observation, review of the menu, and staff interview, the facility failed to follow the menu as written for 1 meal, and failed to assure menus were reviewed and approved by a dietician. The facility reported a census of 29 residents.</p> <p>Findings include:</p> <p>The noon menu for 4/3/24 included:</p> <p>A 6 ounce lade of creamed chipped beef,</p> <p>A (#8) 4 ounce scoop of mashed potatoes.</p> <p>A 4 ounce serving of green beans,</p> <p>A serving of bread.</p> <p>Staff A Cook served the noon meal 4/3/24. When she was done serving the main dining room the serving scoops she used were:</p> <p>A 4 ounce lade of chipped beef,</p> <p>A #12 scoop about 1/3 cup mashed potatoes,</p> <p>A 1/4 cup, 2 ounce green beans,</p> <p>and served</p> <p>1/2 slice buttered bread.</p> <p>On 4/3/24 at 12:20 p.m. Staff A could not identify the scoop sizes she was using to serve lunch. She said they were all about 1/2 cup. The Dietary Manager (DM) was not completely sure either and they figured out what serving size she used, which were not the servings on the menu. The DM stated Staff A gave extra of the chipped beef gravy on top of the 1/2 cup, but did not give extra for all.</p> <p>The 2019 facility policy Menu Planning documented the nutritional needs of individuals would be provided in accordance with the established national standards adjusted for age, gender, activity level and disability, through nourishing, well balanced diets, unless contraindicated by medical needs. Regular and therapeutic menus would be written by the facility's food and nutrition professional in accordance with the facility's approved diet manual, or purchased from an approved vendor. The registered dietician nutritionist (RDN) or designee would approve all menus.</p> <p>The menus Sunday through Saturday had changes made in writing, none were signed by the dietician.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/4/24 at 10:12 a.m. the Administrator stated they were unable to get a dietician for awhile, now they had one from the hospital they were affiliated with.</p> <p>On 4/4/24 at 10:15 a.m. the DM stated the dietician they had started coming less and less, and then not at all, she thought before last March. The company they procured food from sent their menus, so she would email the dietician from the company to make changes. The DM would make changes to the menu if she knew the residents didn't like something. She said they now had the hospital dietician and she came once a month. She did ask for the menus the last time she was there. She did not sign them.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>26527</p> <p>Based on observation and staff interview, the facility failed to assure they stored, prepared, distributed and served food in accordance with professional standards for food service safety. The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>1) On 4/1/24 at 9:47 a.m. the stove hood appeared greasy/grimy in the area above where they were cooking. The sprinklers above the oven had greasy feel and fuzz removed. The panel above/in front of the stove hood had fuzz hanging intermittently all the way up. The Dietary Supervisor stated would need to find out when the hood was last cleaned.</p> <p>On 4/4/24 at 10:12 a.m. the Administrator stated they didn't find the oven hood on the cleaning schedule. They did clean it, but did not have a record of when last done. They did clean it on Monday and started a new form.</p> <p>The 2019 facility policy Cleaning Instructions: Hoods and Filters, documented stove hoods and filters would be cleaned according to the cleaning schedule, or at least monthly.</p> <p>2) During the noon meal service Staff A Cook wore the same gloves throughout. She touched many surfaces including the steam table, utensils, menus, the refrigerator doors, and then touched a beef burger, reached in a bag of buns and retrieved one, picked up a tomato slice, and pulled a sandwich from a plastic bag with her hands wearing the same gloves.</p> <p>The 2019 facility policy, Bare Hand Contact with Food and Use of Plastic Gloves included staff would use clean barriers such as single use gloves, tongs, deli paper and spatulas when handling food.</p> <p>Gloves like hands got soiled. Anytime a contaminated surface was touched, gloves must be changed and hands washed.</p> <p>The FDA Food Code 2017 included if used, single use gloves should be used for only one task such as working with ready to eat food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occurred in the operation.</p> <p>3) When finished serving the main dining room, Staff A temped the foods including the creamed chipped beef at 168 degrees. At 12:23 p.m. Staff C plated food for 5 residents in the North dining room. Staff C removed hot plate holders from the oven and put on trays in the food cart. She plated the food put on the hot plate holders and covered. Staff C closed the cart, and wheeled it to the north dining room. The plates were put on the table for the 3 residents who were there, and removed from the the hot plate. If not there the plated food remained covered and on the hot plate. The last resident arrived in the dining room at 12:43 p.m. The DS temped the mashed potatoes and chipped beef gravy at 120 degrees.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The 2019 facility policy, Food Temperatures, documented all food must be cooked to appropriate internal temperatures, held and served at temperatures of at least 135 degrees.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26527</p> <p>Based on record review and staff interview the facility failed to assure residents and/or their representatives were educated on the options for the pneumonia vaccination and given the opportunity to accept or decline for 1 of 5 residents reviewed (Resident #18). The facility reported a census of 29 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #18 scored 13 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The resident's diagnoses included chronic obstructive pulmonary (lung) disease (COPD).</p> <p>The clinical record lacked documentation the resident had received a pneumococcal vaccine. The record lacked documentation the facility educated the resident/representative on the pneumonia vaccine. The record lacked a signed consent or refusal.</p> <p>On 4/4/24 at 11:08 a.m. the Director of Nursing (DON) stated she had not offered the resident the pneumonia vaccine.</p> <p>The undated facility Pneumococcal Vaccine Policy documented all residents would be offered the pneumonia vaccine on admission. The risks and benefits would be provided to all residents/representatives.</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26527</p> <p>Based on record review and staff interview, the facility failed to assure residents had access to the most recent COVID-19 Vaccine for 1 of 5 residents reviewed (Resident #6). The facility reported a census of 29 residents.</p> <p>Findings include:</p> <p>The United States (US) Department of Health and Human Services documented the COVID-19 milestones included:</p> <p>On September 11, 2023 the Food and Drug Administration (FDA) approved and authorized the emergency use of the updated Moderna and -BioNTech COVID-19 vaccines formulated to better protect against currently circulating variants.</p> <p>On October 3, 2023 the FDA authorized the updated Novavax COVID-19 Vaccine, Adjuvanted (ingredient used in some vaccines that helped create a stronger immune response) (2023-2024 Formula) for individuals ages 12 and older.</p> <p>On 2/28/24 the Center for Disease Control (CDC) Director endorsed the CDC Advisory Committee on Immunization Practices' (ACIP) recommendation for adults ages [AGE] years and older to receive an additional updated 2023-2024 COVID-19 vaccine dose. The recommendation acknowledged the increased risk of severe disease from COVID-19 in older adults, along with the currently available data on vaccine effectiveness.</p> <p>Previous CDC recommendations ensured that people who were immunocompromised were already eligible for additional doses of the COVID-19 vaccine.</p> <p>Data continued to show the importance of vaccination to protect those most at risk for severe outcomes of COVID-19. An additional dose of the updated COVID-19 vaccine may restore protection that has waned since a fall vaccine dose, providing increased protection to adults ages [AGE] years and older.</p> <p>The clinical records for Resident #6 lacked documentation they, or their responsible party had been educated on the 2023-2024 COVID-19 vaccination, been offered, or received a dose of the vaccine.</p> <p>On 4/4/24 at 11:08 a.m. the Director of Nursing (DON) stated some of her residents received the Covid 23-24 vaccine at the clinic, and she did give some at the facility, but she had to get 10 at a time so she had to have enough residents who wanted it. Now she could get less at a time. She had not asked Resident #6 about it yet.</p> <p>The CDC's Stay Up to Date with COVID-19 Vaccines, updated March 7, 2024, documented:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2024
NAME OF PROVIDER OR SUPPLIER  Heartland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  604 East Fenton Marcus, IA 51035	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The CDC recommended the 2023-2024 updated COVID-19 vaccines to protect against serious illness from COVID-19.</p> <p>Everyone aged 5 years and older should get 1 dose of an updated COVID-19 vaccine to protect against serious illness from COVID-19.</p> <p>People who were moderately or severely immunocompromised may get additional doses of the updated COVID-19 vaccine.</p> <p>People aged [AGE] years and older who received 1 dose of any updated 2023-2024 COVID-19 vaccine should receive 1 additional dose of an updated COVID-19 vaccine at least 4 months after the previous updated dose.</p> <p>People who were up to date had a lower risk of severe illness, hospitalization and death from COVID-19 than people who were unvaccinated, or who had not completed the doses recommended for them by CDC.</p>